

State of California Secretary of State



E-792514

FILED

STATEMENT OF INFORMATION(Domestic Stock and Agricultural Cooperative Corporations)

In the office of the Secretary of State of the State of California

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions. IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM				Jul - 27 2009 This Space For Filing Use Only		
	do not alter if name is preprinted.)	-LETING THIS FC	/ NIVI	This Space	I or I ming Ose Only	T
C2791970	de net alter il name le proprintea.)					S
CENTAURI COMMUNICATI	ONS					
DUE DATE:						
COMPLETE ADDRESSES FO	OR THE FOLLOWING (Do not abbre	eviate the name of th	e city. Items 2 and 3	3 cannot be	P.O. Boxes.)	
2. STREET ADDRESS OF PRINCIPA		CITY		STATE	ZIP CODE	
271 CUMBERLAND ST. #2	SAN FRANCISCO CA 94114					
3. STREET ADDRESS OF PRINCIPA	AL BUSINESS OFFICE IN CALIFORNIA, IF AN	Y CITY		STATE	ZIP CODE	
4. MAILING ADDRESS OF THE COR	RPORATION, IF DIFFERENT THAN ITEM 2	CITY		STATE	ZIP CODE	
NAMES AND COMPLETE A	DDRESSES OF THE FOLLOWING	OFFICERS (The co	rporation must have	those three	officers A compo	arable
	by be added; however, the preprinted			; triese triree	e officers. A compa	al able
5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	·	STATE	ZIP CODE	
JOSHUA DAVID COLEMAI	N 4935 WHEELER DR FREMON	T, CA 94538				
6. SECRETARY/	ADDRESS	CITY		STATE	ZIP CODE	
BENJAMIN ELIAS GOLDM	IAN 271 CUMBERLAND ST. #2 SA	AN FRANCISCO, CA	A 94114			
7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY		STATE	ZIP CODE	
JOSHUA DAVID COLEMAI	N 4935 WHEELER DR FREMONT	CA 94538				
	DDRESSES OF ALL DIRECTORS,		TORS WHO ARE A	LSO OFFIC	ERS (The corpora	ation
must have at least one directors. NAME	or. Attach additional pages, if necess	city		STATE	ZIP CODE	
BENJAMIN ELIAS GOLDMA			A 94114	STATE	ZIP CODE	
9. NAME	ADDRESS	CITY		STATE	ZIP CODE	
JOSHUA DAVID COLEMAN				OTATE	710 0005	
10. NAME	ADDRESS	CITY		STATE	ZIP CODE	
11 NUMBER OF VACANCIES O	ON THE BOARD OF DIRECTIONS, IF AN	IY·				
	PROCESS (If the agent is an individ		reside in California a	and Item 13	must be completed	
with a California street addres	ss (a P.O.Box address is not accepta	ble). If the agent is	another corporation	, the agent r	nust have on file w	
	ate a certificate pursuant to Corporat	ions Code section 1	505 and Item 13 mu	st be left bla	ink.)	
12. NAME OF AGENT FOR SERVICE						
BENJAMIN ELIAS GOLDMA	AN					
	FOR SERVICE OF PROCESS IN CALIFORNIA	, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE	
271 CUMBERLAND ST. #2	SAN FRANCISCO, CA 94114					
TYPE OF BUSINESS						
14. DESCRIBE THE TYPE OF BUSIN						
INTERNET SERVICE PRO						
	ENT OF INFORMATION TO THE CALIFORNIA IG ANY ATTACHMENTS, IS TRUE AND CORF		:, THE CORPORATION (ERTIFIES THE	: INFORMATION	
07/27/2009BEI	NJAMIN ELIAS GOLDMAN		VICE PRESIDENT			
DATE TYPE	OR PRINT NAME OF PERSON COMPLETING	G THE FORM	TITLE		SIGNATURE	_
SI-200 C (REV 01/2008)				APPROVED	BY SECRETARY OF ST	TATE